### **BUREAU OF STATISTICS AND PLANS**

(Bureau of Planning)
Government of Guam

Felix P. Camacho Governor of Guam

Michael W. Cruz, M.D. Lieutenant Governor

P.O. Box 2950 Hagåtña, Guam 96932 Tel: (671) 472-4201/3 Fax: (671) 477-1812



APR 29 XMR

The Honorable Judith T. Won Pat Speaker I Mina'Benti Nuebi na Liheslaturan Guahan 155 Hesler Street Hagatna, Guam 96910

RE: Submission of FY 2008 2nd Quarter Funding/Expenditure Report

Dear Speaker Won Pat:

Pursuant to Chapter VII, Section 2 – Reporting Requirements, of Public Law 29-19, we are hereby submitting our  $FY\ 2008\ 2^{nd}$  Quarter Funding/Expenditure Report.

Attached, please find the following reports:

- 1. FY 2008 Budget and Expenditure Report as of 03/31/08 (Local appropriation)
- 2. Current staffing patterns (Local and Federal Funds)
- 3. Financial Status Reports for the period covering 1/1/08 to 3/31/08, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Quarterly Financial Status report.
- 4. Financial Status Reports for the period covering 10/01/07 to 03/31/08, for federal grants the Bureau administers, and which the corresponding grantor requires the submittal of a Semi-Annual Financial Status report.

If you have any questions or comments regarding this matter or require additional information, please do not hesitate to contact our office at 472-4201/2/3 or by fax at 477-1812.

Sincerely,

ALBERTO A. LAMORENA V

Director

**Enclosures** 

Cc: Director, Bureau of Budget and Management Research Public Auditor, Office of the Public Auditor

### FISCAL YEAR 2008 DEPARTMENTAL SUMMARY As of: March 31, 2008

Department:
Division:
Account No.: BUREAU OF STATISTICS AND PLANS SUMMARY

67,953.53	19,356.00	525,837.50	37,030.81	37,030.81	37,030.81	494,474.97	560,828.00	546,794.00	1,107,622.00	IOIALS
0.00	19,356.00					23,000.00	28,296.00	14,060.00	42,356.00	TOTAL Opers
0.00	0.00					0.00	0.00	0.00	0.00	450 Cap. Out.
00.0	1,400.00					6,000.00	6,000.00	1,400.00	7,400,00	363 Tele.
0.00	0.00					0.00	0.00	0.00	0.00	362 Water
0.00	2,000.00					2,000.00	2,000.00	2,000.00	4,000.00	361 Power
0.00	0.00					0.00	0.00	0.00	0.00	271 Drug-test.
00.00	0.00					0.00	0.00	0.00	0.00	280 Sub.Rec.
0.00	0.00					0.00	0.00	0.00	0.00	250 Equip.
0.00	5,000.00					0.00	0.00	5,000.00	5,000.00	240 Supplies
0,00	0.00					15,000.00	15,000.00	0.00	15,000.00	233 Rent
0.00	10,956,00					0.00	5,296.00	5,660.00	10,956.00	230 Contract
0.00	0.00					0.00	0.00	0.00	0.00	220 Travel
67,953.53	0.00	525,837,50	37,030.81	37,030.81	37,030.81	471,474.97	532,532.00	532,734.00	1,065,266.00	TOTAL PerSvs
28,917.57	0.00	118,047.58	8,313.21	8,313.21	8,313.21	105,362.85	129,794.00	122,534.00	252,328.00	113 Benefits
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0,00	112 OT
39,035.96	0.00	407,789 92	28,717.60	28,717.60	28,717.60	366,112.12	402,738.00	410,200.00	812,938.00	111 Salary
Projected Lapse/ Shortfall	Requirements	PP remaining * column H	Requirement (F+G)/2	Pay Period LABOR	Pay Period LABOR	Exp./Encumb. As of:	Allotments (B - C)	Reserve	Appropriations P.L.	Account Code
(C+D-E-1-J))		Personnel Projected	Avg PP			Year to Date	FY 2008		Budget Acts	
_	C.		1	G	7	n	C	r	0	,

### BUDGET NOTES:

Department: BUREAU OF STATISTICS AND PLANS Division: ADMINISTRATION Account No.: 5100A080900GA001

A         Budget Acts         FY 2008         Year to Date Appropriations         FY 2008         Year to Date Appropriations         Ampropriations         Appropriations         FY 2008 Appropriations         FY 2008 Appropriations         Personnet Appropriations         Avg PP Projected         Personnet Appropriations         CF De F. 1-3))           111 Salary         257,414.00         128,707.00         128,707.00         128,707.00         118,484.81         3,664.40         8,654.40         8,654.40         122,892.48         0.00         0.00         0.00         0.00         10.00         10.00         10.00         0.00         0.00         0.00         0.00         0.00         10.00         10.00         10.00         10.00         0.00         0.00         0.00         0.00         0.00         10.00         10.00         10.00         0.00 </th <th>30,132.41</th> <th>19,356.00</th> <th>156,488.12</th> <th>11,020.29</th> <th>11,020.29</th> <th>11,020.29</th> <th>173,914.47</th> <th>197,999.00</th> <th>181,892.00</th> <th>379,891.00</th> <th>TOTALS</th>	30,132.41	19,356.00	156,488.12	11,020.29	11,020.29	11,020.29	173,914.47	197,999.00	181,892.00	379,891.00	TOTALS
B	0.00	19,356.00					23,000.00	28,296.00	14,060.00	42,356.00	TOTAL Opers
Budget Acts   FY 2008   Fy 2008   Pay Period   Pay Peri	0.00	0.00					0.00	0.00	0.00	0.00	450 Cap. Out.
Budget Acts   FY 2008   Year to Date   Pay Period   Pay Period   Pay Period   Requirements   Pay Period   Requir	0.00	1,400.00					6,000.00	6,000.00	1,400.00	7,400.00	363 Tele.
Budget Acts   FY 2008   FY 2008   Pay Period   Pay Pay Period   Pay Pay Period	0.00	0.00					0.00	0.00	0.00	0.00	362 Water
Budget Acts   FY 2008   FY 2008   Pay Period   Pay Pay Period   Pay Pay Period	0.00	2,00,00					2,000.00	2,000.00	2,000.00	4,000.00	361 Power
Budget Acts   FY 2008   Pear to Date   Pay Period   Pay	0.00	0.00						0.00	0.00	0,00	271 Drug-test.
Budget Acts   FY 2006   FY 2007	0.00	0.00						0.00	0.00	0.00	280 Sub. Rec.
B   C   D   E   F   G   H   I   J   J	0.00	0.00						0.00	0.00	0.00	250 Equip.
Budget Acts	0.00	5,000.00					0.00	0.00	5,000.00	5,000.00	240 Supplies
Budget Acts	0.00	0.00					15,000.00	15,000.00	0.00	15,000.00	233 Rent
Budget Acts	0.00	10,956.00					0.00	5,296.00	5,660.00	10,956.00	230 Contract
Budget Acts	0.00	0.00					0,00	0.00	0.00	0.00	220 Travel
Budget Acts	30,132.41	0.00	156,488.12	11,020.29	11,020.29	11,020.29	150,914.47	169,703.00	167,832.00	337,535.00	TOTAL PerSvs
Budget Acts	14,095.50	0.00	38,595,64	2,365.89	2,365.89	2,365.89	32,429.86	40,996.00	39,125.00	80,121.00	113 Benefits
Budget Acts	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	112 01
Budget Acts  FY 2008	16,036.91	0.00		8,654.40	8,654,40	8,654.40	118,484.61	128,707.00	128,707.00	257,414.00	111 Salary
Budget Acts FY 2008 Year to Date Avg PP Projected Avg PP	Projected Lapse/ Shortfall	Hequirements		F+G)/2	LABOR	LABOR	As of:	(B+C)	Reserve	Appropriations P.L.	Account Code
B C D E F G H Personnel Control of the control of t			Projected				Year to Date	FY 2008		Budget Acts	
B C D E F G H I J	(C+D-E-I-J))		Personnel								
	*	٢	_	I	ଜ	Ti	m	0	C	8	>

Department: BUREAU OF STATISTICS AND PLNAS
Division: PLANNING INFORMATION PROGRAM
Account No.: 5100A080910SE004

5.337.12	0.00	129,909,55	9,148.56	9.148.56	9,148,56	107,893.33	120,387.00	122,753.00	243,140.00	TOTALS
0.00	0.00					0.00	0.00	0.00	0.00	TOTAL Opers
0.00	0.00					0,00	0,00	0.00	0,00	450 Cap. Out.
0.00	0.00					0.00	0.00	0.00	0,00	363 Tele.
0.00	0.00					0.00	0.00	0.00	0.00	362 Water
0,00	0.00					0.00	0.00	0.00	0.00	361 Power
0.00	0,00					0.00	0.00	0.00	0,00	271 Drug-test.
0,00	0.00					0.00	0.00	0.00	0.00	280 Sub.Rec.
0.00	0.00					0.00	0.00	0.00	0,00	250 Equip.
00.0	0.00					0.00	0.00	0.00	0.00	240 Supplies
0.00	0,00					0.00	0.00	0.00	0.00	233 Rent
0.00	0,00					0.00	0.00	0.00	0.00	230 Contract
0.00	0.00					0.00	0.00	0.00	0.00	220 Travel
5,337.12	0.00	129,909,55	9,148.56	9,148.56	9,148.56	107,893.33	120,387.00	122,753.00	243,140.00	TOTAL PerSvs
492.47	0.00	29,555,01	2,081.36	2,081.36	2,081.36	24,328.22	28,256.00	26,120.00	54,376,00	113 Benefits
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00,0	11201
4,844.65	0.00	100.354.24	7,067.20	7,067.20	7,067.20	83,565.11	92,131.00	96,633.00	188,764.00	111 Salary
(C+D-E-I-J)) Projected Lapse/ Shortfall	Requirements	Personnel Projected PP remaining Rev x column H	Avg PP Requirement (F+G)/2	Pay Period LABOR	Pay Period LABOR	Year to Date Exp./Encumb, As of:	FY 2008 Allotments (B - C)	Reserve	Budget Acts Appropriations P.L.	Account Code
~	_	_	7	6	7	n	C	<		

Department: Division: Account No.: BUREAU OF STATISTICS AND PLANS SOCIO-ECONOMIC PLANNING PROGRAM 5100A080920SE005

TOTALS	TOTAL Opers	450 Cap. Out.	363 Tele.	362 Water	361 Power	271 Drug-test.	280 Sub.Rec.	250 Equip.	240 Supplies	233 Rent	230 Contract	220 Travel	TOTAL PerSvs	113 Benefits	112 OT	111 Salary	Account Code
131,937.00	0.00	0,00	0.00	0.00	0,00:	0.00	0,00	0.00	0.00	0.00	0.00	0.00	131,937.00	26,141.00	0.00	105,796.00	Budget Acts Appropriations P.L.
65,721.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	65,721.00	11,444.00	0.00	54,277.00	G
66,216.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	66,216.00	14,697.00	0.00	51,519.00	FY 2008 Allotments (B - C)
59,485.44	0.00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0.00	0.00	59,485.44	11,927.04	0.00	47,558.40	Year to Date Exp/Encumb, As of:
4,957.12													4,957.12	993.92	0.00	3,963.20	Pay Period LABOR
4,957.12													4,957.12	993.92	0.00	3,963.20	G Pay Period LABOR
4,957.12													4,957.12	993.92	0.00	3,963.20	Avg PP Requirement (F+G)/2
70,391.10													70,391.10	14,113.66	0.00	56,277.44	Personnel Projected PP remaining x column H
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	00.0	0.00	0.00	0.00	0.00	0.00	0,00	0.00	Requirements
9	_	0		Ó	Ō		Ó	Ó	Ó	Ő	Ó	Ó	Ō	ő	Ő	ő	
2,060.46	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,060,46	100.30	0.00	1,960.16	K (C+D⋅E⋅I√I)) Projected Lapse/ Shortfall

Department: BUREAU OF STATISTICS AND PLANS
Division: CHIEF ECONOMIST OFFICE
Account No.: 5100A080904GA001

TOTALS 0.00	TOTAL Opers 0.00	450 Cap. Out. 0.00	363 Tele. 0.00	362 Water 0.00	361 Power 0.00	271 Drug-test. 0.00	280 Sub.Rec. 0.00		240 Supplies 0.00	233 Rent 0.00	230 Contract 0.00	220 Travel 0.00	TOTAL PerSvs 0.00	113 Benefits 0.00	112 OT 0,00	111 Salary 0.00	Account Code P.L. Reserve
0.00	0.00	0.00		0.00		0.00	0.00 0.00	0.00				0.00 0.0		0.00 0.00	0.00 0.0	0.00	FY 2008 Allotments
0.00		0,00															Year to Date s Exp./Encumb As of:
0.00													0.00		0.00	0.00	Pay Period LABOR
0.00													0.00	0.00	0.00	0.00	Pay Period Re LABOR
0.00													0.00	0.00	0.00	0.00	Avg PP Requirement P (F+G)/2
0.00													0.00	0.00	0.00	0.00	Projected PP remaining x column H
0,00	0.00	0.00	0.00	0,00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	0,00	0.00	0.00	0.00	0.00	Requirements
0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	Projected Lapso/ Shortfall

Department: Division: Account No.: BUREAU OF STATISTICS AND PLANS
BUSINESS AND ECONOMIC STATISTICS PROGRAM
5100A080932E1001

30,423.54	0.00	0	169,048.73	11,904.84	11,904.84	11,904.84	153,181.73	176,226.00	176,428.00	352,654.00	TOTALS
0.00	0.00	0					0.00	0.00	0.00	0.00	TOTAL Opers
0.00	0.00	0					0.00	0.00	0.00	0.00	450 Cap. Out.
0.00	0.00	0					0.00	0.00	0.00	0.00	363 Tele.
0.00	0.00	0					0.00	0.00	0.00	0.00	362 Water
0.00	0,00	0					0.00	0.00	0.00	0.00	361 Power
0.00	0.00	0					0.00	0.00	0.00	0.00	271 Drug-test.
0.00	0.00	0					0.00	0.00	0.00	0.00	280 Sub.Rec.
0.00	0.00	0					0.00	0.00	0.00	0.00	250 Equip.
0.00	0.00	0					0.00	0.00	0.00	0.00	240 Supplies
0.00	0.00	0					0.00	0.00	0.00	0.00	233 Rent
0.00	0.00	0					0.00	0.00	0.00	0.00	230 Contract
0.00	0.00	0					0.00	0.00	0,00	0.00	220 Travel
30,423.54	0.00	0	169,048,73	11,904.84	11,904.84	11,904.84	153,181.73	176,226.00	176,428.00	352,654.00	TOTAL PerSvs
14,229,3(	0.00	0	40,782.97	2,872.04	2,872.04	2,872.04	36,677.73	45,845.00	45,845.00	91,690.00	113 Benefits
0.00	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	112 OT
16,194.24	0.00	0	128,265.76	9,032.80	9,032.80	9,032.80	116,504.00	130,381.00	130,583.00	260,964.00	111 Salary
(C+D・E・1・J)) Projected Lapse Shortfall	<b>3</b>	J Requirements	Personnel Projected PP remaining x column H	Avg PP Requirement (F+G)/2	G Pay Period LABOR	F Pay Period LABOR	E Year to Date Exp./Encumb. As of:	D FY 2008 Allotments (B··C)	C	Budget Acts Appropriations P.L.	A Account Code

# BUREAU OF STATISTICS AND PLANS FY 2008 BUDGET AND EXPENDITURE REPORT As of: April 1, 2008

\$546,794.00	\$67,953.53 \$54	\$545,193.50	\$41,630.81	\$66,353.03	\$494,474.97	\$560,828.00	\$1,107,622.00	TOTAL		
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00			
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	363	Telephone	5100A080904GA001-363
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	240	Supplies	5100A080904GA001-240
\$0.00°	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	230	Contractual	5100A080904GA001-230
4,060.00	\$0.00 \$1	\$19,356.00	\$4,600.00	\$5,296.00	\$23,000.00	\$28,296.00	\$42,356.00	Sub-total:		Chief Economist's Office
\$1,400.00		\$1,400.00	\$1,200.00	\$0.00	\$6,000.00	\$6,000.00	\$7,400.00	363	Telephone	5100A080900GA001-363
\$2,000.00		\$2,000.00	\$400.00	\$0.00	\$2,000.00	\$2,000.00	\$4,000.00	361	Power	5100A080900GA001-361
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	271	Drug-Test	5100A080900GA001-271
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	250	Equipment	5100A080900GA001-250
\$5,000.00	\$0.00 \$	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	240	Supplies	5100A080900GA001-240
\$0.00		\$0.00	\$3,000.00	\$0.00	\$15,000.00	\$15,000.00	\$15,000.00	233	Rent	5100A080900GA001-233
\$5,660.00		\$10,956.00	\$0.00	\$5,296.00	\$0.00	\$5,296.00	\$10,956.00	230	Contractual	5100A080900GA001-230
\$0,00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	220	Travel	Administration 5100A080900GA001-220
										OPERATIONS
\$532,734.00	\$67,953.53 \$53	\$525,837.50	\$37,030.81	\$61,057.03	\$471,474.97	\$532,532.00	\$1,065,266.00	Sub-total:		
\$45,845.00		\$40,782.97	\$2,872.04	\$9,167.27	\$36,677.73	\$45,845.00	\$91,690.00	113	Benefits	5100A080932EI001-113
\$130,583.00	\$16,194.24 \$13	\$128,265.76	\$9,032.80	\$13,877.00	\$116,504.00	\$130,381.00	\$260,964.00	111	Salaries	5100A080932EI001-111 Salaries
		6	<del>(</del>	1	4	4	4 !!!		,	
80 8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<u></u>	Benefits	5100A080904GA001-113
\$0.00 ·	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0,00	\$0.00	<del></del>	Salaries	Chief Economist's Office 5100A080904GA001-111
\$11,444.00		\$14,113.66	\$993.92	\$2,769.96	\$11,927.04	\$14,697.00	\$26,141.00	113	Benefits	5100A080920SE005-113
\$54,277.00	\$1,960.16 \$5	\$56,277.44	\$3,963.20	\$3,960.60	\$47,558.40	\$51,519.00	\$105,796.00	<u>→</u>	Program Salaries	Socio-Economic Planning Program 5100A080920SE005-111 Salari
\$26,120.00	\$492.47 \$2	\$29,555.31	\$2,081.36	\$3,927.78	\$24,328.22	\$28,256.00	\$54,376.00	13	Benefits	5100A080910SE004-113
\$96,633.00	\$4,844.65 \$9	\$100,354.24	\$7,067.20	\$8,565.89	\$83,565.11	\$92,131.00	\$188,764.00		<i>yram</i> Salaries	Planning Information Program 5100A080910SE004-111
\$39,125.00	\$14,095.50 \$3	\$33,595.64	\$2,365.89	\$8,566.14	\$32,429.86	\$40,996.00	\$80,121.00	<u>-</u>	Benefits	5100A080900GA001-113
\$128,707.00	\$16,036.91 \$12	\$122,892.48	\$8,654.40	\$10,222.39	\$118,484.61	\$128,707.00	\$257,414.00		Salaries	<u>Administration</u> 5100A080900GA001-111
••••										PERSONNEL SERVICES
Unalloted Balance:	**-Anticipated Un-	of FY 2008	*-Per payperiod	Funds <u>Available</u> :	Y-T-D Exp./Enc.	Y-T-D Allotment	Appropriation	Object Code	Object <u>Class</u>	Account Number
										As of: April 1, 2008

Run Date . : 4/16/08 Run Time . : 13:54:59 STATEMENT OF APPROPRIATIONS, ALLOTWENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES

Page , ; Program:

1 PRTAPPN

User ID. . . . : BoPGOGOM
To date. . . : 3/2008
Account. . . : \$100A0809\*\*\*\*\*\*
hept/Division :

Exclude Object Codes:

	130,583.00	13,877.00		TICS 116,504.00	S & ECONOMIC STATISTICS	5100A080932E1001111 BUSINESS & 260,964,00 130,
ADMINISTRATION   118,484.61   10,222.39   118,484.61   10,222.39   118,484.61   10,222.39   118,484.61   10,222.39   118,285.00   32,429.86   8,566.14   8,266.14   10,222.39   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.00   10,239.39   10,239.00   10,239.00   10,239.39   10,239.00   10,239.00   10,239.39   10,239.00   10,239.00   10,239.39   10,239.00   10,239.39   10,239.60   10,239.00   10,239.39   10,239.60   10,239.0	65,721.00	6,730.56		59,485,44	16.00	DIVISION TOTALS
ARCCOUNT: Manne YTED EXCENDITURES	65,721.00	6,730.56		59,485.44	16.00	PROGRAM TOTALS 131, 937.00
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Run Date . : 4/16/08 STATEMENT OF APPROPRIATIONS, ALLOTMENT, OUTSTANDING ENCUMBRANCE AND EXPENDITURES Run Time . : 13:54:59 Page . : 2 Program: PRTAPPN

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FUND: SUMMARY PROGRAM: ADMINISTRATION AGENCY: BUREAU OF STATISTICS AND PLANS FUNCTIONAL AREA: EXECUTIVE DIRECTION

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

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AGENCY: BUREAU OF STATISTICS AND PLANS FUNCTIONAL AREA: EXECUTIVE DIRECTION

FUND: SUMMARY
Ratio: 100% GENERAL FUND PROGRAM: BUSINESS & ECONOMIC STATISTICS PROGRAM

Government of Guam Fiscal Year 2008 Budget

[BBMR SP-1]

As of: March 31, 2008	Agency Current Staffing Pattern	resear rear 2000 Dunger

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FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: PLANNING INFORMATION PROGRAM
FUND: SUMMARY

Ratio: 198% GENERAL FUND

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

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TVE DIRECTION

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS

PROGRAM: SOCIO-ECONOMIC PLANNING PROGRAM
FUND: SUMMARY
RAGG: 100'N GENERAL-PUND

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

[BBMR SP-1]

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[BBMR SP-1]

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

AGENCY: BUREAU OF STATISTICS AND PLANS PROGRAM: EDWARD BYRNE MEMORIAL STATE AND LOCAL LAW ENFORCEMENT FORMULA GRANT (100% FEDERALLY FUNDED)

FUND: SUMMARY
Rathe: 100% Federally Funded

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Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

[BBMR SP-1]

FUND: SUMMARY PROGRAM: LAND USE GIS PLANNING PROGRAM AGENCY: BUREAU OF STATISTICS AND PLANS FUNCTIONAL AREA: EXECUTIVE DIRECTION

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FUND: SUMMARY
RIGH: 100% FEDERALLY FUND

FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: GUAM COASTAL MANAGEMENT PROGRAM

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

[BBMR SP-1]

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FUNCTIONAL AREA: EXECUTIVE DIRECTION AGENCY: BUREAU OF STATISTICS AND PLANS

FUND: SUMMARY
Ratio: 190% Federally Funded

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

[BBMR SP-1]

PROGRAM: INTERJURISDICTIONAL FISHERHES ACT GRANT PROGRAM (100% FEDERALLY FUNDED)

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FUNCTIONAL AREA: EXECUTIVE DIRECTION

FUND: SUMMARY AGENCY: BUREAU OF STATISTICS AND PLANS PROGRAM: GUAM DEVELOPMENTAL DISABILITIES COUNCIL (100% FEDERALLY FUNDED)

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

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FUNCTIONAL AREA: EXECUTIVE DIRECTION
AGENCY: BUREAU OF STATISTICS AND PLANS
PROGRAM: CORAL REEF INITIATIVE

FUND: SUMMARY

Ratio: 100% Federally Funded under Countal Zone Management Administration Grant

Government of Guam Fiscal Year 2008 Budget Agency Current Staffing Pattern As of: March 31, 2008

CAMPIL   Special Projects Coordinates   Character			lague by Department														input by Department	400
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\* Night Differential/Haxardous/Worker's Compensation/etc.

OMB APPROVAL NO. 0348-0003 FEDERAL CASH TRANSACTIONS REPORT 1. Federal apunsoring agency and organizational alamant id which this report ic submitted (See instructions on the back, if report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) NOAA/OCRM 2. RECIPIENT ORGANIZATION 4. Federal grant or other identification 5. Recipient's account number or idenlifying number BUREAU OF STATISTICS AND PLANS NA04NMF4070130 5101E050910DC103 Nama: 6. Letter of credit number 7. Leel psyment voucher number Number P.O. BOX 2950 and Street: Give total number for this period City, State 9. Tressury checks received (Whether HAGATNA, GUAM 96932 8. Payment Vauchers credited to and ZIP Code: your eccount or not deposited) PERIOD COVERED BY THIS REPORT 10. 3. FEDERAL EMPLOYER FROM (month, day, year) TO (month, day, year) 98-0018947 10/01/07 3/31/08 IDENTIFICATION NO. a. Cash on hand beginning of reporting period \$ -11,375.72 b. Letter of credit withdrawls 11,375,72 0.00 c. Treasury check payments 11. STATUS OF 11.375.72 d. Total receipts (Sum of lines b and c) FEDERAL 0.00 a. Total cash available (Sum of lines a and d) CASH f. Gross disbursements 0.00 (See specific 0.00 g. Federal share of program income instructions on the back) h. Net disbursements (Line f minus line g) 0.00 0.00 i. Adjustments of prior periods 0.00 J. Cash on hand end of period S 12. THE AMOUNT SHOWN OTHER INFORMATION ON LINE 11J, ABOVE, a. Interest income 0.00 REPRESENTS CASH RE-QUIREMENTS FOR THE ENSUING

Days

Advances to subgrantees or subcontractors

15.		CERIFICATION ,	
I certify to the best of my knowledge and belief that this report is true in all respects and	AUTHÓRIZED	SIGNATURE	DATE REPORT SUBMITTED 04/29/2008
that all disbursements have	CERTIFYING	TYPEO OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
been made for the purpose and conditions of the grent or	OFFICIAL	ALBERTO A. LAMORENA V, DIRECTOR	Number, Extension)
agreement.		Bureau of Statistics and Plans	671-472-4201

THIS SPACE FOR AGENCY USE

0.00

\$

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

(Follow Instructions on the back)

	gency and Organizational Elemi	ent	<ol><li>Federal Grant or</li></ol>	Other Identifying Numbe	r Assigned		MB Approval	Page of
to which	Report is Submitted		By Federal Agen	СУ			No.	1
U.S. De	partment of Commerce		NΔC	04NMF4070130			1121-0264	1/1
NOAA	,	l.		ata Entry in the Manageme	nt of Guarn's	Exp	res: 01/31/2006	pages
			nterjurisdictional Fish	ery Resources				
3. Recipient	Organization (Name and compl	ete address	, including ZIP coo	ie)				
P.C	REAU OF STATISTICS AND PI D. BOX 2950 GATNA, GUAM 96932	LANS			SEMI-ANI	iual financi	AL REPORT	
4. Employer	Identification Number	5 Recipie	ont Account Number	r or Identifying Number	6. Final R	lanari	7. Basis	
	98-0017947		5101E050910DC1		[ ] YES		[]Cash [)	( ) Accrusi
8. Funding/C	Frant Period (See Instructions)			9. Period Covered b	y this Repo	1	<u> </u>	
From: (M	onth. Day, Year) 10-01-04	To: (Man	ih, Day, Year) <b>09-30-08</b>	From: (Month, Day 10-01-07	y. Year)	To: (Month, D		
10. Transac	tions:	<del>24</del>		1		1	11	
				Previously	1	This	Cumula	itive
a. Total o	outlays	-		Reported	<u> </u>	bone		
				35 022		0		35 022
	ent share of outlays	H-1		0		0		0
C. : CUCIO	ar strate of outleys			35 022		0		35 022
d. Total u	ınliquidated obligations		·····		·		***************************************	0
e, Recipi	ent share of unliquidated obligat	ions						O O
f. Federa	al share of unliquidated obligation	ns	- · · · · · · · · · · · · · · · · · · ·					0
	ederal share (Sum of lines c end f)							35 022
	ederal funds authorized for this	funding per	iod					35 819
i. Unoblig	gated balance of Federal funds	(Line h	minus line g)	1				797
11. Indirect	a. Type of Rate (Place ')	(" in approp		[ ] Final		[X] Fixed	**************************************	
Expense					•			
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	3/ <b>6</b>	
	Attach any explanations deem	ed necessa	ry or information re	equired by Federal spon	soring agen	cy in compliant	e with governing	<u> </u>
<i>legislation</i> A. Block/Formul	). Si passithrough: \$ 0			C. Forfeit: \$ 0		E. Expended:	\$ 0	
S Foderal Fund	Subgranted: \$ 0			D. Other: S 0		F. Unexpended	<b>5</b> 0	
13. Certificati	ion: I certify to the best of my unliquidated obligation	/ knowledg	e and belief that e purpose set for	this report is correct a	nd complet	e and that all	outlays and	
• •	nted Name and Title				Telephone	(Area code, nu	mber and extension)	
	ERTO A. LAMORENA, V, Direction of Statistics and Plans	CTOF				1- 6	71- 472 -4201	
Signature of	Authorized Certifylog Official				Date Repo	rt Submitted		
	CLAC	2	~		•••	APR 29	<u>2008</u>	
7								

### OMB APPROVAL NO. 0348-0003 FEDERAL CASH TRANSACTIONS REPORT Federal sponsoring againcy and organizational alement to which this report (See instructions on the back, if report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) NOAA/OCRM 2. RECIPIENT ORGANIZATION 4. Fuderal grant or other identification 5. Recipiont's account number or identifying number BUREAU OF STATISTICS AND PLANS NA07NMF4070002 5101E080910DC103 Namo: fi. Letter of credit number 7. Lasi paymoni youchar numbar Number P.O. BOX 2950 and Street: Give total number for this period City State HAGATNA, GUAM 96932 8. Payment Vouchers credited to Treasury checks required (whether and ZIP Code: or not deposited) your account PERIOD COVERED BY THIS REPORT FROM (month, day, year) 10/01/07 3. FEDERAL EMPLOYER TO (month, day, year) 98-0018947 03/31/08 IDENTIFICATION NO. a. Cash on hand beginning of reporting period ŝ 0.00 0.00 b. Letter of credit withdrawis 0.00 c. Tressury check payments 11. STATUS OF d. Total receipts (Sum of lines b and c) 0.00 FEDERAL e. Total cash available (Sum of lines a and d) 0.00 CASH f. Gross disbursements 0.00 (See specific instructions g. Federal share of program income 0.00 on the back) 0.00 h. Net disbursements (Line f minus line g) i. Adjustments of prior periods 0.00 s J. Cash on hand end of period 0.00 12. THE AMOUNT SHOWN OTHER INFORMATION ON LINE 11), ABOVE, REPRESENTS CASH REa. Interest income 0.00 QUIREMENTS FOR THE ENSUING b. Advances to subgrantees or subcontractors 0.00 Days

15.		CERIFICATION	
I certify to the best of my		SIGNATURE	DATE REPORT SUBMITTED
knowledge and belief that this report is true in all respects and	AUTHORIZED	CHACLY	04/28/2008
that all disbursements have	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
been made for the purpose and conditions of the grant or	OFFICIAL	ALBERTO A. LAMORENA V, DIRECTOR	Number, Extension)
agreement.		Bureau of Statistics and Plans	671-472-4201

THIS SPACE FOR AGENCY USE

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted	2. Federsi Grant o By Federal Age	or Other Identifying Number	r Assigned	O	Page of			
	by receiver ruge	iloy			No. 1121-0264	1/1		
U.S. Department of Commerce		O7NMF4070002						
NOAA	Data Collection and Interjurisdictional Fis	Data Entry in the Manageme	nt of Guarn's	Expi	res: 01/31/2006	pages		
3. Recipient Organization (Name and complete			<u> </u>					
BUREAU OF STATISTICS AND PLAN P.O. BOX 2950 HAGATNA, GUAM 96932	•		SEMI-ANNU	IAL FINANCI	AL REPORT			
	. Recipient Account Numb	er or Identifying Number	6. Final Re	port	7. Basis	<del></del>		
98-0017947	5101E080910DC	103	[ ] YES [	X] NO	[ ] Cash [ X ]	Accrual		
8. Funding/Grant Period (See Instructions)		9. Pariod Covered b	v this Report					
•	fo: (Month, Day, Year) 09-30-10		om: (Month, Day, Year) To: (Month,					
10. Transactions:		ı		I				
					Cumulativ	<b>/8</b>		
a. Total outlays	Reported	Pe	riod					
	0		0		0			
b. Recipient share of outlays	0		0		ð			
c. Federal share of outlays		0		o		3		
d. Total unliquidated obligations								
e. Recipient share of unliquidated obligation						0		
f. Federal share of unliquidated obligations						Ô		
g. Total Federal share (Sum of lines c and f)						0		
h. Total Federal funds authorized for this fun	ding period					0		
		_			·	12 358		
i. Unobligated balance of Federal funds	(Line h minus line g)					12 358		
	appropriate box) Predetermined	[ ] Final	[2	X ] Fixed				
b. Rate c	. Base	d. Total Amount	e	. Federal Sh	are			
12. Remarks: Attach any explanations deemed	necessary or information	required by Federal spon	soring agenc	y in compliand	e with governing			
legislation.  A. Block/Formula pasathrough: \$ 0		C. Forfeit: \$ 0	E.	Expended:	<b>\$</b> 0			
B. Federal Fund Subgranted: \$ 0		D. Other: S 0	F.	Unexpended:	s 0			
13. Certification: I certify to the best of my kr unliquidated obligations a	nowledge and bollef that re for the purpose set fo	this report is correct a orth in the award docun	nd co <b>mplete</b> rents.	and that all	outlays and			
Typed or Printed Name and Title	Typed or Printed Name and Title				mber and extension)			
ALBERTO A. LAMORENA, V, Director Bureau of Statistics and Plans	, ,		1- 671- 472 -4201					
Signature of Authorized Certifying Official	Signature of Authorized Certifying Official				Date Report Submitted			
CATC	Lv		APR 2 8 2008					

### OMB APPROVAL NO. 0348-0003 FEDERAL CASH TRANSACTIONS REPORT Endared spaneoring agency and organizational element to which this report \* automilled (See instructions on the back, if report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) NOAA/OCRM 2. RECIPIENT ORGANIZATION 4. Federal grant of other identification 5. Recipient's socount number or identifying number **BUREAU OF STATISTICS AND PLANS** NA07NMF4370069 5101H070910DC105 Nama: 8. Letter of crodit number 7. Lest payment youther number Number P.O. BOX 2950 and Street: Give total number for this period City, State HAGATNA, GUAM 96932 R. Payment Vouchers credited to 9. Tressury chacks received (whether and ZIP Code: your account of Not deposited) 10. PERIOD COVERED BY THIS REPORT 3. FEDERAL EMPLOYER FROM (month, day, year) TO (month, day, yeer) 98-0018947 10/01/07 IDENTIFICATION NO. 03/31/02 Cash on hand beginning of reporting period -11,227.49 b. Letter of credit withdrawls 36,449.39 c. Treasury check payments 11. STATUS OF 0.00 d. Total receipts (Sum of lines b and c) 36,449.39 FEDERAL e. Total cash available (Sum of lines a and d) 25.221.90 CASH f. Gross disbursoments 27,514,80 (See specific g. Federal share of program income instructions 0.00 on the back) h. Net disbursements (Line f minus line g) 27,514.80 i. Adjustments of prior periods 0.00

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

a. Interest income

13.

J. Cash on hand end of period

OTHER INFORMATION

b. Advances to subgrantees or subcontractors

15.		CERIFICATION						
I certify to the best of my		SIGNATURE	DATE REPORT SUBMITTED					
knowledge and belief that this report is true in all respects and	AUTHORIZED	alter	04/28/2008					
that all disbursements have	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,					
been made for the purpose and conditions of the grant or	Arrigia.	ALBERTO A. LAMORENA V. DIRECTOR	Number, Extension)					
adisement	OFFICIAL	Bureau of Statistics and Plans	671-472-4201					
THIS SPACE FOR AGENCY US	<u> </u>	7 × 2.62.20	77.7.78 7891					

12. THE AMOUNT SHOWN

ENSUING

ON LINE 11J. ABOVE, REPRESENTS CASH RE-

QUIREMENTS FOR THE

-2,292,90

0.00

0.00

3

\$

5

(Short Form)

(Follow instructions on the back) 1. Federal Agency and Organizational Element 2. Federal Grant or Other Identifying Number Assigned OMB Approval Page of to Which Report is Submitted By Federal Agency No. 1121-0264 1/1 U.S. Department of Commerce NA07NMF4370059 NOAA Expires: 01/31/2006 pages 2007 WPACFIN Cooperative Agreement Grant 3. Recipient Organization (Name and complete address, including ZIP code) SEMI-ANNUAL REPORT BUREAU OF STATISTICS AND PLANS P.O. BOX 2950 HAGATNA, GUAM 96932 4. Employer Identification Number 5. Recipient Account Number or Identifying Number 6. Final Report 98-0017947 5101H070910DC105 [ ] YES [X] NO []Cash [X]Accrual 8. Funding/Grant Period (See Instructions) 9. Period Covered by this Report From: (Month, Day, Year) To: (Month, Day, Year) From: (Month, Day, Year) To: (Month, Day, Year) 07-01-07 10/01/07 06-30-10 03/31/08 10. Transactions: Ш 11 Previously This Cumulative Reported Period a. Total outlays 11 227 27 515 38 742 b. Recipient share of outlays 0 ٥ ۵ c. Federal share of outlays 11 227 27 515 38 742 d. Total unliquidated obligations ũ e. Recipient share of unliquidated obligations ñ f. Federal share of unliquidated obligations ø g. Total Federal share (Sum of lines c and f) 38 742 h. Total Federal funds authorized for this funding period 40 000 I. Unobligated balance of Federal funds (Line h minus line g) 1 258 a. Type of Rate (Place "X" in appropriate box) 11. Indirect [] Provisional [ ] Predetermined []Final [X] Fixed Expense b. Rate c. Base d. Total Amount e. Federal Share 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compilance with governing legislation. 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purpose set forth in the award documents. Typed or Printed Name and Title Telephone (Area code, number and extension) ALBERTO A. LAMORENA, V. Director Bureau of Statistics and Plans 1-671-472 -4201 Signature of Authorized Certifying Official Date Report Submitted APR 2 8 2008

	-		OME APP	TOVAL N	<u> </u>		<u> </u>	PAGE		QF.	***************************************
0348-0004					<b>Σ</b> Ο.4				1	PAGES	
REQUES	ST FOR ADV	/ANCE	<del> </del>		a. "X" ane ar beih bar			2 BASIS	OF REQU	l IFST	rross
OR RE	IMBURSEN	IENT	1. TYPE OF	1	☐ ADVANCE	<b>Z</b> I	REIMBURSE- MENT		CASE		
/C==	lasta sakkana an buun	.1.1	PAYMENT	1	X the applicable			lr	ACCR	LIAL.	
3. FEDERAL SPONSORING AGENC	instructions on bac		REQUEST		FINAL	Z PA	ARTIAL			ENT REQUI	EST
WHICH THIS REPORT IS SUBMIT	TEO		4. FEDERAL GRANT ON OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY				1	ER FOR T	HIS REQUI	EST	
U.S. DEPT, OF INTERIOR/Off, of Insular Affairs					CRI-GU-0	5			9300	)5113-(	)2 
6. EMPLOYER DENTIFICATION	DENTIFICATION 7. RECIPIENTS ACCOUNT NUMBER				PERIOD COVE	RED B	Y THIS REQUE	************	*********	4	
NUMBER 98-0018947	OR IDENTIFY	NO NUMBER H050930EI113	FROM (ma	anth. Gwy.	01/01/08	3		IO (mon	ith, dwy, ye 103/	**/ 31/08	
9. RECIPIENT ORGANIZATION	2101	11000300E1110	10. PAYE	E (Whe	re check is to be s	ent If d	illerent than item :	) 9)	·····	······································	<del></del>
Name: BUREAU OF ST	TATISTICS AN	D PLANS	Name:	IKEA	SURER OF	JUA	IVI				
Number and Street: P.O. BOX 2950				set: P.(	O. BOX 884						
City, State and ZIP Code: HAGATNA, GUAM 96932 City, State and ZIP Code: HAGATNA, GUAM 96932											
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED											
11.											
PROGRAMS/FUNCTIONS/	ACTIVITIES -	(e)				(0)				TOTA	L
a. Total program outlays to date	(As of date)	\$ 433,658.	13 \$			\$			\$	433,0	658.13
b. Less: Cumulative program	income	0.0	00								0.00
c. Net program outlays (Line		433,658.	13	··········	0.00			0.00		433,0	658.13
d. Estimated net cash outlays	s for advance	0.0									0.00
period		433,658.			0.00			0.00		433 (	658.13
e. Total (Sum of lines c & d)		1			V.VV		<u></u>	<u> </u>		100,	0.00
f. Non-Federal share of amou	unt on line e	0.0								400	
g. Federal share of amount o	n ilne e	433,658.	13			<u> </u>					658.13
h. Federal payments previous		327,786.0	08								786.08
<ol> <li>Federal share now requesti minus iine h)</li> </ol>	ed (Line g	105,872.0	05		0.00			0.00		105,8	872.05
J. Advances required by month, when requested	1st month										0.00
by Federal grantor agency for use in making	2nd month				,						0.00
prescheduled advances	3rd month										0.00
12.		ALTERNATE COMP	PUTATIO	ON FO	R ADVANCES	S ON	ĻΥ		Γ.		
a. Estimated Federal cash ou	itlays that will be m	ade during period covered	by the ad	tvance					\$		
b. Less: Estimated balance of	of Federal cash on	hand as of beginning of ac	tvance pe	rlod			<u> </u>				
c. Amount requested (Une a	minus line b)								\$		0.00
AUTHORIZED FOR LOCAL REPRODUCTION (Continued on Reverse) STANDARD FORM 279 (Rev. 7-97) Prescribed by OMB Circulars A-102 and A-110											

13.	CERTIFICATION							
i certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the	SIGNATURE ON AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED April 28, 2008						
grant conditions or other agreement and that payment is due and has not been previously requested	ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION)						

This space for agency use

been previously requested,



Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information. including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

### INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

tem

Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency, if the advance or reimbursement is for more than one grant or other agreement, insert NA; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover, if the request is for reimbursement, show the period for which the reimbursement is requested.
- Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports,
  - 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program. function, or

item

Entry

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

671-472-4201

- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of inkind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 115 Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

(Short Form)

(Follow instructions on the back)

				Structions on the back)	. ,		40 Augustos	Page of	
	ency and Organizational Eleme	nt		Other Identifying Number	Assigned	O	//B Approval	rage Of	
to Which Re	eport is Submitted		By Federal Agenc	:у	:	No. 1121-0264			
						,	1121-0204	1/1	
	MENT OF INTERIOR		CRI.	- GU - 5		A. The Asia Inana			
OFFICE OF I	NSULAR AFFAIRS / NOAA			- 15 At -		Expli	as: 01/31/2006	pages	
				orel Reef Initiative					
<ol><li>Recipient C</li></ol>	rganization (Name and comple	ste addres	s, including ZIP code	<del>5</del> )					
	EAU OF STATISTICS AND PL	_ANS				QUARTERLY	REPORT		
	BOX 2950								
HAG	ATNA, GUAM 96932								
A Employer is	dentification Number	5. Recio	ent Account Number	or identifying Number	6. Final R	₩ m	7. Basis		
	98-0018947		5101H050930EI111		[ ] YES	[X] NO	[]Cash [X]	Accruel	
8. Funding/Gr	ant Period (See Instructions)			9. Period Covered by			373		
From: (Mo	nth, Day, Year)	To: (Mo	nth, Day, Year)	From: (Month, Day	, Year)	To: (Month, D			
	11-01-04		07-31-08	1/1/2008		3/31	/2008		
5-77	<u>, , , , , , , , , , , , , , , , , , , </u>				1	<u> </u>	ll ll		
10. Transacti	ions:					II This	Cumulati	ve	
				Previously Reported		inis Period	- WARE ENGINEE		
	d			Reported	<u>'</u>	Ci loc			
a. Total outlays				327 786		105 872		433 658	
b. Recipient share of outlays							-	_	
B. Francisco di dadyo				0		0		0	
c. Federal share of outlays								105 650	
				327 786	<u> </u>	105 872		433 658	
d. Total u	nliquidated obligations							49 114	
				_				40 114	
e. Recipie	ent share of unliquidated obliga	tions						0	
\$ \$200000000000000000000000000000000000									
f. Federa	il share of unliquidated obligation	ons						49 114	
a Tatal C	ederal share (Sum of lines c and i	<u> </u>		-					
g, Total F	cucial state (state of mice of wild a	7						482 772	
h. Yotal F	ederal funds authorized for this	s funding p	eriod				(20.40)		
111111111111								483 196	
i. Unoblig	gated balance of Federal funds	(Line	e in minus line g)					424	
								444	
			opriate box)			T to 1 Princent			
11. Indirect	[ ] Provisional	[] Pred	etermined	[] Final		[X] Fixed			
Expense		T = 0	_	d. Total Amount		e. Federal Si	эляга		
	b. Rate	c. Bas	æ	Q, rotal Arrivant					
Average and									
12 Remarks	Attach any explanations deel	ned neces	sary or information	required by Federal spo	nsoring age	ncy in compliar	nce with governing		
legislation									
io Biolego.	<del></del>								
	tion: I certify to the best of n	en for a	ساعد الدغاز المساسسات	this mont is correct	and compl	ete and that al	outlays and		
13. Cortificat	non: I certify to the best of f	ny knowk	uge and belief that the number and f	orth in the award docu	monts.	man marke estend gar			
1	กาเหติกเดรเตเต ออกเลียยด		TIE hathadd sart	the said the said the said of the said					
Typed or Printed Name and Title					Telephon	e (Area code, n	umber and extension)		
ALE	ALBERTO A. LAMORENA V. DIRECTOR				1		ABA ABM 45#4		
	Bureau of Statistics and Plans					1-	671- 472 -4201		
					Data Day	ort Submitted			
Signature of	Authorized Certifying Official					Date Report Submitted			
	( ) XH //	•			J AP	R 28 21	JUX		
1	JULY L				L				

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REQUE	ST FOR AD	/ANCE		0348-0		PAGES		
· · · · · · · · ·	EIMBURSEN		1. X' one or both boxes 2. BA  1. ADVANCE D REIMBURSE-				QUEST	
<del></del>			TYPE OF		MENT	☐ CASH		
(\$es	instructions on bed	:k)	PAYMENT REQUESTE	D. "X" the applicable  D FINAL	D PARTIAL	☐ AG	CRUAL	
3. FEDERAL SPONSORING AGEN		IAL ELEMENT TO	1	L GRANT OR OTHER	AL CARLES		MENT REQUEST	
WHICH THIS REPORT IS SUBMITTED				'ING NUMBER ASSIGNED RAL AGENCY		NUMBER FO	R THIS REQUEST	
U.S. DEPT. OF IN	ITERIOR/ Off.	of Insular Affairs		CRI-GU-0	6	93	005113-02	
6. EMPLOYER IDENTIFICATION	1	ACCOUNT NUMBER	8.		RED BY THIS REQU			
NUMBER 98-0018947		H0 <b>5</b> 0930EI115	FROM (HIGH	in, day, yeeu) 10/01/07	•	(O (month, day,	3/31/08	
9. RECIPIENT ORGANIZATION			10. PAYEE	(Where check is to be s	ent if different than item	9)		
Name: BUREAU OF S	ፕለግፅፕነ <u></u> ማ ለእነ	D DI ANIC	Manna: T	REASURER OF	CIIAM			
Marine BOREAU OF 3	IA HƏTICƏ AN	ID PLANS	IVaillo. I	MEMOUNER OF	30AW		•	
Number end Street: P.O. BOX 2950 Number end Street: P.O. BOX 884								
City, State and ZIP Code: HAGATN	A, GUAM 9693	32	City, State and ZIP C	ode: HAGATNA,	GUAM 96932			
11.	COMPUTATION	N OF AMOUNT OF RI	i EIMBURS	SEMENTS/ADVAN	CES REQUESTED	)		
_		(8)	(b)		(G)			
PROGRAMS/FUNCTIONS/	ACTIVITIES	T T T T T T T T T T T T T T T T T T T					TOTAL	
a. Total program outlays to date	(As of date)	\$ 170,197.7	70 \$		\$	\$	170,197.70	
	- 1	0.0	20		***		0.00	
b. Less: Cumulative program c. Net program outlays (Line		170,197.7		0.00		0.00	170,197.70	
Ine b) d. Estimated net cash outlay	s for advance	<u>'</u>		0.00		0.00	0.00	
period		0.0			<u>, , , , , , , , , , , , , , , , , , , </u>			
e. Total (Sum of lines c & d)		170,197.7		0.00		0.00	170,197.70	
f. Non-Federal share of amo	unt on line e	0.0	00				0.00	
g. Federal share of amount o	on line e	170,197.7	70				170,197.70	
h, Federal payments previou	sly requested	109,778.7	78				109,778.78	
i. Federal share now request minus line h)	ed (Line g	60,418.9	92	0.00		0.00	60,418.92	
J. Advances required by month, when requested	1st month						0.00	
by Federal grantor							0.00	
agency for use in making prescheduled advances	2nd month						0.00	
12.	3rd month	ALTERNATE COMP	UTATION	N FOR ADVANCES	ONLY		O I O O	
a. Estimated Federal cash or	itiays that will be ma					5	0.00	
b. Less: Estimated balance							0.00	
c. Amount requested (Line a						\$	0,00	
AUTHORIZED FOR LOCAL		(Con	tinued on i	Reverse)	STANDARD FORM 27	70 (Rev. 7-97)		

13.	CERTIFICATION						
i certify that to the best of my knowledge and belief the data on the	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED					
reverse are correct and that all outlays were made in accordance with the	W/CZ~	April 28, 2008					
grant conditions or other agreement	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (AREA CODE, NUMBER,					
and that payment is due and has not	ALBERTO A. LAMORENA V, DIRECTOR	EXTENSION)					
been previously requested.	Bureau of Statistics and Plans	671-472-4201					

This space for agency use



Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

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Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

ltem:

Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
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- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
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item

Entry

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

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- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

STANDARD FORM 270 (Rev. 7-97) Dack

(Short Form)

(Follow instructions on the back)

Pederal Agency and Organizational Element     to Which Report is Submitted     By Federal Agency  2. Federal Agency  By Federal Agency					r Assigned	Page of			
	RTMENT OF INTERIOR INSULAR AFFAIRS / NOAA		CRI	I - GU - 6		5	1121-0264	1/1	
			2006	Coral Reef Initiative		Cxb	res: 01/31/2006	pages	
3. Recipient	Organization (Name and compl	ete addres	is, including ZIP co	de)					
P.C	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	_ANS				SEMI-ANNU	IL REPORT		
4. Employer	Identification Number 98-0018947	5. Recip	ent Account Number	er or Identifying Number 15	6. Final R		7. Basis []Cash [X	] Accrual	
8. Funding/G	Grant Period (See Instructions)	1		9. Period Covered b	L v this Repor	t			
From: (M	onth, Day, Year) 11-01-05	To: (Mo	onth, Day, Year) 11-30-08			To: (Month, E	ay, Year) 31/08		
10. Transac	tions:		l Previously Reported	1	II This eriod	III Cumulai	ive		
a. Total o	outlays								
b. Recipient share of outlays			109 779		60 419		170 198		
c. Federal share of outlays				0	0			0	
d. Total i	inliquidated obligations			109 779	<u> </u>	60 419	170 198		
	·	,					<u> </u>	193 563	
	ent share of unliquidated obligat							0	
	al share of unliquidated obligatio						193 563		
g. Total F	ederal share (Sum of lines c and f)							363 761	
h. Total F	ederal funds authorized for this	funding pe	eriod						
i. Unoblig	gated balance of Federal funds	(Line	h minus line g)	<del>-</del>				449 562	
11. Indirect Expense	a. Type of Rate (Place ") [ ] Provisional	(" in appro []Prede	priate box) termined	[ ] Final	<u>, , , , , , , , , , , , , , , , , , , </u>	[X] Fixed		85 801	
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are		
12. Remarks: legislation	Attach any explanations deem	ed necess	ary or information r	equired by Federal spon	soring agen	cy in complian	ce with governing		
13. Certificati	ion: I certify to the best of m unliquidated obligation	knowled are for t	ge and belief that he purpose set fo	this report is correct a	nd complet nents.	e and that all	outleys and		
	nted Name and Title				Telephone	Area code, nu	mber and extension)		
ALBERTO A. LAMORENA V. DIRECTOR Bureau of Statistics and Plans						1-6	71- 472 -4201		
Signature of	Authorized Certifying Official	$\angle$	-		Date Repor	t Submitted R 28 2	8ûû		
	<u> </u>				, ,,		<del></del>		

			OMB APPROVAL	, NO.		PAGE	OF		
				0348-00	004		PAGES		
· · · · · · · · · · · · · · · · · · ·	ST FOR AD			a. "X" one or both ba		2. BASIS O	F REQUEST		
OR RI	EIMBURSEN	IENT	1. TYPE OF	☐ ADVANCE	Z REIMBURSE- MENT		CASH		
(See	instructions on bac	sk)	PAYMENT b. "X" the applicable box  REQUESTED FINAL PARTIAL				☐ AGGRUAL		
3. FEDERAL SPONSORING AGEN		VAL ELEMEN'T TO	4. FEDERAL GRA	INT OR OTHER			PAYMENT REQUEST		
WHICH THIS REPORT IS SUBMI	<del>~~</del>		BY FEDERAL /	NUMBER ASSIGNED AGENCY		NUMBER	R FOR THIS REQUEST		
U.S. DEPT. OF IN	ITERIOR/ Off.	of Insular Affairs		CRI-GU-0	7	1	93005113-02		
6. EMPLOYER IDENTIFICATION NUMBER	4		8.		RED BY THIS REQUE				
98-0018947		H070930EI115	FROM (monits, du	y. y <del>wa)</del> 10/01/07	•	TO (month,	03/31/08		
9. RECIPIENT ORGANIZATION			10. PAYEE (WI		ent if different than item t	))			
			-		~:::::				
Name: BUREAU OF S	TATISTICS AN	D PLANS	Name: IRC	ASURER OF	MAUE				
Number and Street: P.O. BOX 2950 Number and Street: P.O. BOX 884									
City, State and ZIP Code; HAGATN	IA, GUAM 9693	32	City, State and ZIP Code	HAGATNA,	GUAM 96932				
11.	COMPUTATION	N OF AMOUNT OF RE	IMBURSEN	MENTS/ADVAN	CES REQUESTED				
PROGRAMS/FUNCTIONS/	ACTIVITIES -	(a)	<b>(b)</b>		(0)		TOTAL		
a. Total program	(As of deta)	s 16,727.4	2 8		\$	s	16,727.42		
outlays to date							<del></del>		
b. Less: Cumulative program c. Net program outlays (Line		0.0	_				0.00		
line b)		16,727.4	2	0.00	(	0.00	16,727.42		
d. Estimated net cash outlay period	s for advance	0.0	0				0.00		
e. Total (Sum of lines c & d)		16,727.4	2	0.00	(	0.00	16,727.42		
f. Non-Faderal share of amo	unt on line e	0.0	0				0.00		
g. Federal share of amount of		16,727.4	2				16,727.42		
h. Federal payments previou		11,587.4	2		.,,		11,587.42		
i. Federal share now request	····	5,140.0		0.00	(	0.00	5,140.00		
J. Advances required by	1st month						0.00		
month, when requested by Federal granter							0.00		
agency for use in making prescheduled advances	2nd month				<u></u>		0.00		
12.	3rd month	ALTERNATE COMPI	JTATION FO	OR ADVANCES	ONLY		0.00		
a. Estimated Federal cash ou	riavs that will be me					\$	0.00		
b, Less: Estimated balance		**************************************				and the same	0.00		
		iona pa di definilità di sov	aude beling	······································		8	0.00		
c, Amount requested (Line a AUTHORIZED FOR LOCAL		(Cont	inued on Reve	erse)	STANDARD FORM 270	(Rev. 7-97)			

13.	CERTIFICATION	
I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays	Curca	DATE REQUEST SUBMITTED April 28, 2008
	ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 671-472-4201

This space for agency use



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- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
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(Short Form)

(Follow instructions on the back)

	gency and Organizational Elem Report is Submitted	eni	2. Federal Grant of By Federal Age	r Other Identifying Numbe ncy	er Assigned	ned OMB Approval F No.		
II S DEPAR	RTMENT OF INTERIOR		60				1121-0264	1/1
	INSULAR AFFAIRS / NOAA		CRI	- GU - 07		Eun	ires: 01/31/2006	Балов
			2007	Coral Reef Initiative				pages
3. Recipient	Organization (Name and comp	lete addres	ss. including ZIP cor	d <del>e</del> )				
	REAU OF STATISTICS AND P	LANS				QUARTERLY	REPORT	
1	). BOX 2950 GATNA, GUAM 96932							
	-							
4. Employer	Identification Number 98-0018947	5. Reci	pient Account Numbe 5101H070930EI11	er ar Identifying Number	6. Final F	•	7. Basis	
		15	[ ] YES	[X]NO	[]Cosh [X	.] Accrual		
	Grant Period (See Instructions)	1		9. Period Covered b			<u> </u>	<del></del>
From: (Month, Day, Year) To: (Month, Day, Year) 10-01-06 10-31-09			From: (Month, Da 10/01/07	y, Year)	To: (Month, C			
			10-01-03	10/01/07		03/.	31/08	
10. Transac	10. Transactions:			<u> </u>	11 11			
				Previously Reported	,	This Period	Cumulat	üvə
a. Total o	outlays							
b. Recipient share of outlays				11 587	<del>                                     </del>	5 140	16 727	
c. Federal share of outlays						0	0	
			11 587		5 140	5 140		
d. Total u	inliquidated obligations							
e. Recipi	ent share of unliquidated obliga-	lions						66 949
f. Federa	d shows as , mits tide to desire							0
	al share of unliquidated obligation							66 949
g. Total F	ederal share (Sum of lines c and f							
h. Total F	ederal funds authorized for this	funding pe	eriod					83 676
I. Unoblig	gated balance of Federal funds	/Line	h minus line g)	4				365 000
			_ <del>_</del>					281 324
11. Indirect	a. Type of Rate (Place 7.	x" <i>in appro</i> Prede	ppriate box) termined	[] Final		[X]Flxed		
Expense								
	b. Rate	¢. Base	•	d. Total Amount		e. Federal Sh	are	
12 Remarks	Attach any evolunations door	E				4		ww.i
legislation	Attach any explanations deem	rcu neçess	ary or imormation r	equirea by rederal spor	sonng ager	icy in complian	e with governing	
13 Costiffeet	lant landle to the best of a						**************************************	
is, vermiceu	on: I certify to the best of m unliquidated obligation	y knowled is are for t	ige and belief that the purpose set fo	this report is correct a rth in the award docum	ind comple nents.	te and that all	outlays and	
Typed or Prin	nted Name and Title	·····			Telephone	(Area code, nu	mber and extension)	,
	ERTO A. LAMORENA V, DIRE	CTOR					,	
						1- 6	71- 472 -4201	
Signature of Authorized Certifying Official						rt Submitted		
	(1) XL(1)		7	And the state of t	API	72820	08	
			<u></u>			- <del>-</del>		



		X	OMB APPROVAL	L NO		PAGE	OF .	
SEATE	OT FOR AN	. Jakima		0348-0	004		PAGES	
· -	ST FOR AD			s. "X" one or both bo	wos	2. BASIS O	F REQUEST	
OKK	EIMDURJEI	AEN I	1. TYPE OF PAYMENT	D ADVANCE	REIMBURSE-		CASH	
(Se	s instructions on ba	ck)	REQUESTED	FINAL	☑ PARTIAL		ACCRUAL	
3. FEDERAL SPÖNSÖRING AGEN WHICH THIS REPORT IS SUBM		NAL ELEMENT TO	1	NUMBER ASSIGNED		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST		
U.S. DEPT, OF INTERIOR/ Off. of Insular Affairs			BY FEDERAL	CRI-GU-0	8	жения предоставления на предоставления на предоставления на предоставления на предоставления на предоставления	93005113-02	
6. EMPLOYER IDENTIFICATION	1	ACCOUNT NUMBER	8.		RED BY THIS REQUE	ST		
NUMBER 98-0018947	1	тко нима∉к I <b>Н08</b> 0930EI115	FROM (month, de	ny. y <del>oor)</del> 09/01/07	·	TO (month).	day. yew) 03/31/08	
9. RECIPIENT ORGANIZATION		INGOSCETTIS	10. PAYEE (W		ent if different than item s	<u> </u> 	vara iruo	
Name: BUREAU OF S	TATISTICS AN	ID PLANS	Name: TRE	ASURER OF	GUAM			
Number and Street: P.O. BOX 2950  Number end Street: P.O. BOX 884								
City, State and ZIP Code: HAGATN	IA, GUAM 969:	32	City, State and ZIP Code	, HAGATNA,	GUAM 96932			
11,	COMPUTATIO	N OF AMOUNT OF RE	EIMBURSEA	/ENTS/ADVAN	CES REQUESTED			
PROGRAMS/FUNCTIONS	ACTIVITIES	(*)	(b)		(C)		TOTAL	
a. Total program outlays to date	(As of dete)	\$ 3,020.0	00 \$		\$	\$	3,020.00	
b. Less: Cumulative prograi	4 baaan	0.0	<u> </u>	***			0.00	
c. Net program outlays (Line		3,020.0		0.00		0.00	3,020.00	
//ne b) d. Estimated net cash outlay	s for advance	0.0	<del></del>				0.00	
period				0.00			<u> </u>	
e. Total (Sum of lines c & d)		3,020.0		0.00		0.00	3,020.00	
f. Non-Federal share of amo	unt on line e	0.0			***************************************		0.00	
g. Federal share of amount of	on line o	3,020.0	0				3,020.00	
h. Federal payments previou		0.0	0				0.00	
i. Federal share now request minus line h)	ea (une g	3,020.0	0	0.00	O	0.00	3,020.00	
- Advances required by month, when requested	1st month						0.00	
by Foderal grenter agency for use in making	2nd month						0.00	
prescheduled advances	3rd morntin						0.00	
<u> </u>		ALTERNATE COMPL			ONLY	7		
a. Estimated Federal cash or				······································	A 2000	<b>\$</b>	0.00	
b. Less: Estimated balance	of Federal cash on h	and as of beginning of adv	ance period				0.00	
c. Amount requested (Line a	minus line b)					\$	0.00	

13.	CERTIFICATION	
knowledge and belief the date on the reverse are conducted and that all outlays were made in accordance with the	SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL	DATE REQUEST SUBMITTED April 28, 2008
grant conditions or other agreement and that payment is due and has not	ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (AREA CODE, NUMBER, EXTENSION) 671-472-4201

This space for agency use

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item

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item Entr

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- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
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STANDARD FORM 270 (Rev. 7-97) Back

(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element 2. Federal Grant of to Which Report is Submitted 8y Federal Age				r Other Identifying Number	er Assigned		OMB Approval No.	Page of
OFFICE OF INSULAR AFFAIRS / NOAA				I - GU - 08		Exp	1121-0264 pires: 01/31/2008	1 / 1 pages
3. Recipient	t Organization (Name and compl	1 2008 8, including ZIP co	Coral Reef initiative					
P.0	REAU OF STATISTICS AND P D. BOX 2950 GATNA, GUAM 96932	LANS						
4. Employer	identification Number 98-0018947	5. Recip	ient Account Numbe 5101H080930El11	er or Identifying Number 15	6. Final F	Report [X]NO	7. Basis ( ) Cash [X)	Accrual
8. Funding/0	Grant Period (See Instructions)	·		9. Period Covered b	v this Reno	ri		
From: (M	lonth, Day, Year) 09-01-07	Ta: (Ma	onth, Day, Year) 09-30-10	From: (Month, Da 09/01/07		To: (Month, D	рау, Үеаг) 3 <b>1/08</b>	
10. Transac	tions:					11		
a. Total (	outlavs			Previously Reported	1	This Period	Cumulativ	<b>/</b> 6
				0		3 020		3 020
b. Recipi	ent share of outlays			0		0		0
c. Feder	al share of outlays			0		3 020		
d. Total u	unliquidated obligations			<u> </u>	<u> </u>	3 020		3 020
e. Recipi	ent share of unliquidated obligat	ions		-				23 120
f. Federa	al share of unliquidated obligation	ns	<del>, , , , , , , , , , , , , , , , , , , </del>	-			<u>, , , , , , , , , , , , , , , , , , , </u>	0
g. Total F	Federal share (Sum of lines c and f)			_				23 120
h. Total F	ederal funds authorized for this	funding pe	riod					26 140
	gated balance of Federal funds		h minus line g)					279 555
								253 415
11. indirect Expense	[ ] Provisional	in approj	priaté box) ermined	[]Final		[X] Fixed		
	b. Rate	c. Base		d. Total Amount		e. Federal Sh	are	
2. Remarks: legislation	Attach any explanations deem	ed necess	ary or information re	 equired by Federal spon	soring agen	cy in compliand	ce with governing	
3. Certificati	on: I certify to the best of my unliquidated obligation	knowled s are for t	ge and belief that the purpose set for	this report is correct a th in the award docum	nd complet lents.	o and that all o	outlays and	
Typed or Prin	nted Name and Title	······································		1	Telephone	(Area code, nu	nber and extension)	
ALB Bure	ERTO A. LAMORENA V, DIRE lau of Statistics and Plans	CTOR					71- 472 -4201	į
Signature of	Authorized Certifying Official	/			Date Repor	t Submitted		
_	WHCZ		~		•	APR 28	2008	
							· · · · = · <del>-</del>	



### OMB APPROVAL NO. 0348-0003 FEDERAL CASH TRANSACTIONS REPORT Federal sponsoring agency and organizational element to which this report (See instructions on the back. If report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) NOAA/OCRM 2. RECIPIENT ORGANIZATION 4. Faderal grant or ather identification 5. Recipient's account number or BUREAU OF STATISTICS AND PLANS NA05NOS4261188 Name: 5101E060930EI114 6. Letter of credit number 7. Last payment voucher number Number P.O. BOX 2950 and Street: Give total number for this period City, State HAGATNA, GUAM 96932 8. Payment Vouchers credited to 9. Transury checks recoived (whether and ZIP Code: your necesini or not deposited) 10. PERIOD COVERED BY THIS REPORT 3. FEDERAL EMPLOYER FROM (month, day, year) TO (monill, day, year, 98-0018947 10/01/07 IDENTIFICATION NO. 03/31/08 a. Cash on hand beginning of reporting period Ś 0.00 b. Letter of credit withdrawls 0.00 c. Treasury check payments 11. STATUŞ OF 0.00 d. Total receipts (Sum of lines b and c) 0.00 **FEDERAL** e. Total cash available (Sum of lines a and d) 0.00 CASH 1. Gross disbursements 0.00 (See specific g. Federal share of program income instructions 0.00 on the back) h. Net disbursements (Line I minus line g) 0.00 i. Adjustments of prior periods 0.00 J. Cash on hand end of period 0.00 12. THE AMOUNT SHOWN 13. OTHER INFORMATION ON LINE 11, ABOVE, REPRESENTS CASH REa. Interest income s 0.00 QUIREMENTS FOR THE ENSUING b. Advances to subgrantees or subcontractors \$ 0.00 Days

15.		CERIFICATION	
i cortify to the best of my knowledge and ballef that this report is true in all respects and	AUTHORIZED	SIGNATURE ACC	DATE REPORT SUBMITTED 04/28/2008
that all disbursements have been made for the purpose and conditions of the grant or agreement.	OFFICIAL	TYPED OR PRINTED NAME AND TITLE ALBERTO A. LAMORENA V, DIRECTOR Bureau of Statistics and Plans	TELEPHONE (Aran Code, Number, Extension) 671-472-4201
THIS SPACE FOR AGENCY US	E	V	

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

(Follow instructions on the back)

	ency and Organizational Eleme Report is Submitted	nt	<ol><li>Federal Grant or By Federal Agen</li></ol>	Other Identifying Number cy	ring Number Assigned OMB Approval No.				
lic ber	ADTHERT OF COMMICOCE		NAM	5NOS4261188		1/1			
1	NOAA/ OCRM				4	Expl	res: 01/31/2006	pages	
3. Recipient (	Organization (Name and comple	te addres		Coral Reef Monitoring Gran le)	l .			<u> </u>	
BUR P.O.	REAU OF STATISTICS AND PL BOX 2950 GATNA, GUAM 96932					SEMI-ANNUA	L REPORT		
4. Employer l	dentification Number 98-0018947	5. Recip	ient Account Numbe 5101E060930Ei11	r or Identifying Number 4	6. Final R	•	7. Basis []Cash [X]	Accrusi	
	rant Period (See Instructions) inth, Day, Year) 10-01-05	To: (Mo	onth, Oay, Year) 03-31-08	9. Period Covered by From: (Month, Day 10/01/07		To: (Month, D	ay, Year) 1/08		
10. Transact	ions:			l Previously Reported	ŧ	II This Period	til Cumulati	ve	
a. Total o	utlays			0		Ø		0	
b. Recipie	ent share of outlays			o		0		Q	
c. Federa	share of outlays			o		ō		0	
d. Total u	nliquidated obligations		· · ·					99 857	
e. Recipie	ent share of unliquidated obligat	ons						0	
f. Fødera	I share of unliquidated obligation	1\$						99 857	
g. Total F	ederal share (Sum of lines c and f)							99 857	
h. Total F	ederal funds authorized for this	funding pe	eriod					99 857	
i. Unoblig	ated balance of Federal funds	(Line	h minus line g)					O .	
11. Indirect Expense	a. Type of Rate (Place *) [ ] Provisional	(" in appro [] Prede	priete box) termined	[] Final		[X] Fixed			
-	b. Rate	c, Base		d. Total Amount		e. Federal Sh	are		
12. Remarks: legislation.	Attach any explanations deem	ed necess	<b>ary o</b> r information n	equired by Federal spon	soring ager	ocy in compliand	e with governing		
13. Certificati	on: I certify to the best of my unliquidated obligation					te and that all	outlays and		
	ited Name and Title ERTO A. LAMORENA V. DIRE	CTOR		***************************************	Telephone	(Area code, nu	mber and extension)		
	au of Statistics and Plans						71- 472 -4201		
Signature of /	Authorized Certifying Official				Date Repo	R 28 2	008		

N

### OMB APPROVAL NO. 0348-0003 FEDERAL CASH TRANSACTIONS REPORT Federal sponsoring agency and organizational alement to which this report (See instructions on the back, if report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) NOAA/OCRM 5. Recipient's account number or 2. RECIPIENT ORGANIZATION 4. Federal grant or other identification identifying numbe NA06NOS4260114 5101H070930EI114 BUREAU OF STATISTICS AND PLANS Name: 8. Letter of credit number 7. Last payment voucher number Number P.O. BOX 2950 and Street: Give total number for this period City, State 8. Payment Vouchers credited to 9, Troasury checks received (whether HAGATNA, GUAM 96932 or not deposited) and ZIP Code: your account PERIOD COVERED BY THIS REPORT 3. FEDERAL EMPLOYER FROM (month, day, year) TO (month, day, year) 98-0018947 03/31/08 10/01/07 IDENTIFICATION NO. -595.94 a. Cash on hand beginning of reporting period 13,483.44 b. Letter of credit withdrawis 0.00 c. Treasury check payments 11. STATUS OF 13,483,44 d. Total receipts (Sum of lines b and c) **FEDERAL** 12,887.50 e. Total cash available (Sum of lines a and d) ÇAŞH 12.887.50 f. Gross disbursoments (Soo specific 0.00 g. Federal share of program income instructions on the back) 12,887.50 h. Net disbursements (Line f minus line g) 0.00 i. Adjustments of prior periods 0.00 \$ J. Cash on hand end of period 12. THE AMOUNT SHOWN OTHER INFORMATION ON LINE 11, ABOVE, 0.00 a. Interest income \$ REPRESENTS CASH RE-CUMEMENTS FOR THE ENSUING \$ b. Advances to subgrantees or subcontractors 0.00

15.		CERIFICATION	
		BIGNATURE	DATE REPORT SUBMITTED
I certify to the best of my knowledge and belief that this	AUTHORIZED	1 (1) ACC	04/28/2008
report is true in all respects and that oil disbursements have	CERTIFYING	TYPED OR PRINTED NAME AND TITLE	TELEPHONE (Area Code,
been made for the purpose and conditions of the grant or OFFICIAL agreement.		ALBERTO A. LAMORENA V, DIRECTOR	Number, Extension)
	OFFICIAL	Bureau of Statistics and Plans	671-472-4201
THIS SPACE FOR AGENCY US	£		

<sup>14.</sup> REMARKS (Attach additional sheets of plain paper, if more space is required)

(Short Form)

(Follow instructions on the back)

Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant of By Federal Age	or Other Identifying Number ency	*Assigned		//B Approval No. 1121-0264	Page of
U.S. DEPARTMENT OF COMMERCE	06NOS4260114	-		1121-0204	173	
NOAA/ OCRM	6 Coral Reef Monitoring Grant		Expires: 01/31/2006			
3. Recipient Organization (Name and complete			<u> </u>			
BUREAU OF STATISTICS AND PLA P.O. BOX 2950 HAGATNA, GUAM 96932	NS		SE	EMI-ANNUA	L REPORT	
	5. Recipient Account Numb		6. Final Repo		7. Basis	
98-0018947	5101H070930Ei1	114	[ ] YES [ ;	X] NO	[]Cash [X]	Accrusi
8. Funding/Grant Period (See instructions)		9. Period Covered b		78.4 (S. F.	V	
From: (Month, Day, Year) 10-01-06	To: (Month, Day, Year) 03-31-08	From: (Month, Day 10/01/07	y, Year)   10	o: (Month, Di <b>03/3</b>		
10. Transactions:		i	[1	1	ııı .	
		Previously Reported	Thi Peri		Cumulativ	/e
a. Total outlays		596		12 887		13 483
b. Recipient share of outlays		0		0_	<u> </u>	0
c. Federal share of outlays		596		12 887		13 483
d. Total unliquidated obligations						87 112
e. Recipient share of unliquidated obligation	ns					0
f. Federal share of unliquidated obligations						87 112
g. Total Federal share (Sum of lines c and f)						100 595
h. Total Federal funds authorized for this fu	inding period					128 095
i. Unobligated balance of Federal funds	(Line h minus line g)					27 500
}	in appropriate box) ] Predetermined	[ ] Final	[×	() Fixed		
Expense b. Rate	c. Base	d. Total Amount	Ta	. Federal Sh	ere	
Ó. Vara	<b></b> Døge	d. Total Miloure	\ \frac{\frac}\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\	. 1 000101 011	er u	
12. Remarks: Attach any explanations deeme legislation.	d necessary or information	n required by Federal spoi	nsoring agency	r in complian	ce with governing	
13. Certification: I certify to the best of my	knowledge and belief th	at this report is correct :	and complete	and that all	outlays and	
unilquidated obligations						
Typed or Printed Name and Title  ALBERTO A. LAMORENA V. DIREC		Telephone (A	rea code, nu	mber and extension)		
Bureau of Statistics and Plans	JIUR /			1-6	71- 472 -4201	
Signature of Authorized Certifying Official	<del></del>		Date Report			
( LATE.	L-v		APR	28 20	08	

### **OMB APPROVAL NO. 0348-0003** FEDERAL CASH TRANSACTIONS REPORT Federal sponsoring agency and organizational element to which this report (See instructions on the back, if report is for more than one grant or U.S. DEPARTMENT OF COMMERCE assistance agreement, attach completed Standard Form 272A.) **NOAWOCRM** 2. RECIPIENT ORGANIZATION 4. Federal grant or other identification d. Placiplent's sociaunt number of number identifying number BUREAU OF STATISTICS AND PLANS Nume: NA07NOS4260060 5101H020930EI114 S. Latter of Gredit number 7. Last payment voucher number Number P.O. BOX 2950 and Straet: Give total number for this period City, State HAGATNA, GUAM 96932 8. Payment Vouchers credited to 9. Treasury checks received (whether and ZIP Code: YOU' BECOUNT of that disposited) PERIOD COVERED BY THIS REPORT 3. FEDERAL EMPLOYER FROM (month, day, year) TO (month, day, your) 98-0018947 IDENTIFICATION NO. 10/01/07 03/31/08 a. Cash on hand beginning of reporting period 0.00 b. Letter of credit withdrawls 9,406.05 c. Treasury check payments 11. STATUS OF 0.00 d. Total receipts (Sum of lines b and c) FEDERAL 9,406.05 e. Total cash available (Sum of lines a and d) CASH 9,406,05 f. Gross disbursements 11,287,26 (See apocific instructions g. Federal share of program income 0.00 on the back! h. Net disbursements (Line f minus line g) 11,287.26 i. Adjustments of prior periods 0.00 j. Cash on hand end of period \$ -1,881.21 12. THE AMOUNT SHOWN OTHER INFORMATION ON LINE 11], ABOVE, REPRESENTS CASH REa. Interest income \$ 0.00 QUIREMENTS FOR THE RHSUING b. Advances to subgrantees or subcontractors

Days

I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.  AUTHORIZED  AUTHORIZED  AUTHORIZED  CERTIFYING  CERTIFYING  OFFICIAL  OFFICIAL  AUTHORIZED  AUTHORIZED  CERTIFYING  OFFICIAL  OFFICIAL  OFFICIAL  CERTIFYING  OFFICIAL  OFFICIAL  OFFICIAL  OFFICIAL  OFFICIAL  AUTHORIZED  OATE REPORT SUBMITTED  04/28/2008  TYPED OR PRINTED NAME AND TITLE  ALBERTO A. LAMORENA V. DIRECTOR  Bureau of Statistics and Plans  671-472-4201	15,		CERIFICATION	
been made for the purpose and conditions of the grant or OFFICIAL ALBERTO A. LAMORENA V. DIRECTOR	knowledge and belief that this		SIGNATURE	
HIS SPACE FOR AGENCY USE	that all disbursements have been made for the purpose and conditions of the grant or	OFFICIAL	ALBERTO A. LAMORENA V. DIRECTOR	Number, Extension)

0.00

<sup>14.</sup> REMARKS (Attach additional shoets of plain paper, if more space is required)

(Short Form)

(Follow instructions on the back)

	ency and Organizational Element eport is Submitted	ıt	Federal Grant or O     By Federal Agency	ther identifying Number	ng Number Assigned OMB Approval No. 1121-0264				
U.S. DEPA NOAA/ O	ARTMENT OF COMMERCE CRM	,		NOS4260060 oral Reef Monitoring Grant		1 / 1 pages			
<ol><li>Recipient O</li></ol>	rganization (Name and comple	e addres	s, including ZIP code	)					
P.O.	EAU OF STATISTICS AND PL BOX 2950 ATNA, GUAM 98932	ANS				SEMI-ANNUAL	REPORT		
	entification Number 98-0018947	5. Raci	pient Account Number of 5101H030930E1114		6. Final Ri [ ] YES	- P	7. Basis []Cash [X	] Accruel	
	ant Period (See Instructions) nth, Day, Year) 10-01-07	To; (M	onth, Day, Year) 09-30-10	9. Period Covered by From: (Month, Day 10/01/07		To: (Month, Di 03/3			
10. Transacti	ans:			l Previously Reported	l	II This 'eriod	(II Cumulat	ive	
a. Total or	itlays			0		11 287		11 287	
b. Recipient share of outlays				0_		0		0	
	I share of outlays		0		11 287		11 287		
	nliquidated obligations							0	
	nt share of unliquidated obligat							0	
	share of unliquidated obligatio							0	
L	ederal share (Sum of lines c and f) ederal funds authorized for this		pariod.					11 287	
	ated balance of Federal funds		ne h minus line g)	•				130 000	
i. Unoblig						4,		118 713	
11. Indirect	a. Type of Rate (Place ". [ ] Provisional		ropriate box) letermined	[]Final		[X] Fixed			
Cxhause	b. Rate	c. Ba	3.e	d. Total Amount		e. Federal Sh	are		
12. Remarks: legislation	Attach any explanations deen	ned nece	ssary or information r	equired by Federal spo	nsoring age	ncy in complian	ce with governing		
13. Certificat	ion: I certify to the best of m unliquidated obligation	y knowl ns are fo	edge and belief that or the purpose set fo	this report is correct rth in the award docu	end compli ments.	eto and that all	outlays and		
Typed or Printed Name and Title  ALBERTO A. LAMORENA V, DIRECTOR				Telephon	e (Area code, n	ımber and extension)			
	eau of Statistics and Plans		<u> </u>			671-472-4201			
Signature of	Authorized Cartifying Official	1				R282	008		
1 .	¥ . —				1				